

Why Should YOU Help?



“Disease diagnoses and ongoing treatment for medical conditions have been identified as potential, “teaching moments” in relation to smoking cessation. A teachable moment is considered to be an opportunity by health care professionals to motivate patients to quit during naturally occurring events such as life transitions or health events. The diagnosis and treatment of diabetes could be considered a potential teaching moment for smoking cessation. Receiving advice to quit or how to quit from a health care professional and being encouraged to participate in a smoking cessation program has been shown to account for 21-42% of the variance between patients with diabetes who have successfully quit, and those who have not.”⁴



Smoking Cessation Delivery Systems—“One of the most important and consistent finds from comprehensive literature is that repeated interventions, provided by health care professionals and reinforced over time, are much more effective than a single session or discussion. Such an approach denotes the importance of an integrated system of care in systematically reducing smoking rates.”⁵



“Only about half of people with diabetes are advised to quit smoking by their health care providers.”⁵

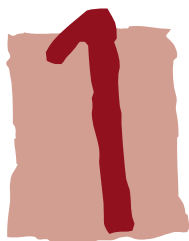
References:

⁴Tonstad, S. (2009). *Diabetes research and clinical practice*, 4(13), 5-9.

⁵Haire-Joshua D, Glasgow RE, Tibbs TL. (1999). Smoking and diabetes. *Diabetes Care* 22(1), 1887-1898.



How Can YOU Help?



ASK about tobacco use. Identify and document the tobacco use status for every patient at every visit regardless if they are a current tobacco user. This process occurs most consistently when there are systems in place, such as chart stickers or electronic prompts on electronic medical records.

You will need to know if the patient currently uses tobacco, never was a tobacco user, or if the patient was a former tobacco user. Former tobacco users should be offered a short relapse prevention intervention.



ADVISE all tobacco users to quit, assess their readiness to quit within the next 30 days, and their interest in receiving telephone counseling through the Indiana Tobacco QuitLine, 1-800-QUIT-NOW.

Advice should be clear, strong, and personalized to each individual's own situation. It is particularly motivational to patients with diabetes to mention how important it is to avoid tobacco use in order to prevent or minimize diabetes-related complications. You can also mention other medical conditions suffered by the patient because of tobacco use, the effects of second-hand smoke on the patient's family, and the monetary costs of purchasing tobacco.



REFER to the Indiana Tobacco QuitLine!

If the patient is ready to quit and interested in receiving counseling by phone, fill out the **Fax Referral Form*** with the patient and have them sign the consent as required by HIPPA.

- ☐ Include your name and fax number in the provider section.
- ☐ Have the patient initial and sign the Fax Referral Form in the patient section of the form.
- ☐ Assist the patient in selecting the best time for the QuitLine to call.
- ☐ Fax the completed form to 1-800-483-3114.
- ☐ Refer the patient to their health care provider to prescribe pharmacotherapy, if appropriate.

*The Fax Referral Form can be found at www.in.gov/quitline/files/QLfaxreferral.pdf.

"YOU" can make the difference.

ASK–ADVISE–REFER

Intervention Cues

Step 1: **ASK** (1 minute)

- ❑ Systematically ask every patient about their tobacco use on every visit.
- ❑ Determine if patient is a current or former tobacco user, or has never used tobacco.
- ❑ Determine what form of tobacco was used.
- ❑ Determine the frequency of use.
- ❑ Document the tobacco use status in the patient's medical health record during every visit regardless of his/her tobacco use status.

Step 1: Sample Intervention Cues

For the patient who never uses tobacco:

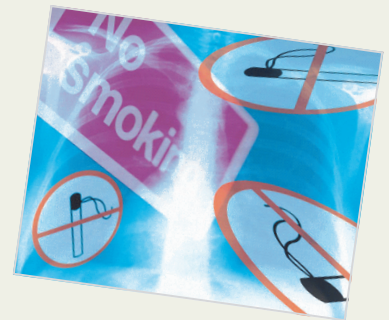
- “Congratulations, you have made a wise choice to protect your health.”
- “Congratulations, you have very good judgment.”
- “Congratulations on being a non-smoker or non-tobacco user.”

For the patient who quit using tobacco:

- “Congratulations, you made a wise decision.”
- “Congratulations on quitting tobacco use. We have some good programs (QuitLine or other community-based programs) to help you remain tobacco-free. I can give you that contact information or help you sign-up for the Indiana Tobacco QuitLine.”

For the patient who uses tobacco:

- “How many cigarettes per day do you smoke?”
- “How many cigars per day do you smoke?”
- “How much chewing tobacco do you use?”
- “Do others in your household use tobacco?”



- “Have you thought about quitting?”



ASK—ADVISE—REFER

Intervention Cues

Step 3: REFER (1 minute)

- Determine if patient is interested in quitting. For those interested:
 - Refer the patient to the Indiana Tobacco QuitLine 1-800-QUIT-NOW.
 - Refer the patient to their health care provider to prescribe pharmacotherapy, if appropriate.
 - Give the patient the Diabetes and Tobacco Fact Sheet.
 - Document in patient's medical health record.
- *If not interested, give the patient the Indiana Tobacco QuitLine phone number and also let the patient know that you can refer them to resources, should they choose to quit in the future.

Step 3: Sample Intervention Cues

For the patient who currently uses tobacco:

- “I know quitting smoking is difficult. Most people who want to quit are successful. Sometimes it takes more than one try. I know you can do it. Let me refer you to the Indiana Tobacco QuitLine, they can help you quit.”
- “I can't see what tobacco is doing to your diabetes, heart, lungs, brain, and other organs, but I would like to discuss some health issues and complications that could be due to your smoking or tobacco use.”



Help your patients quit smoking:

Ask—your patients about tobacco use at every visit

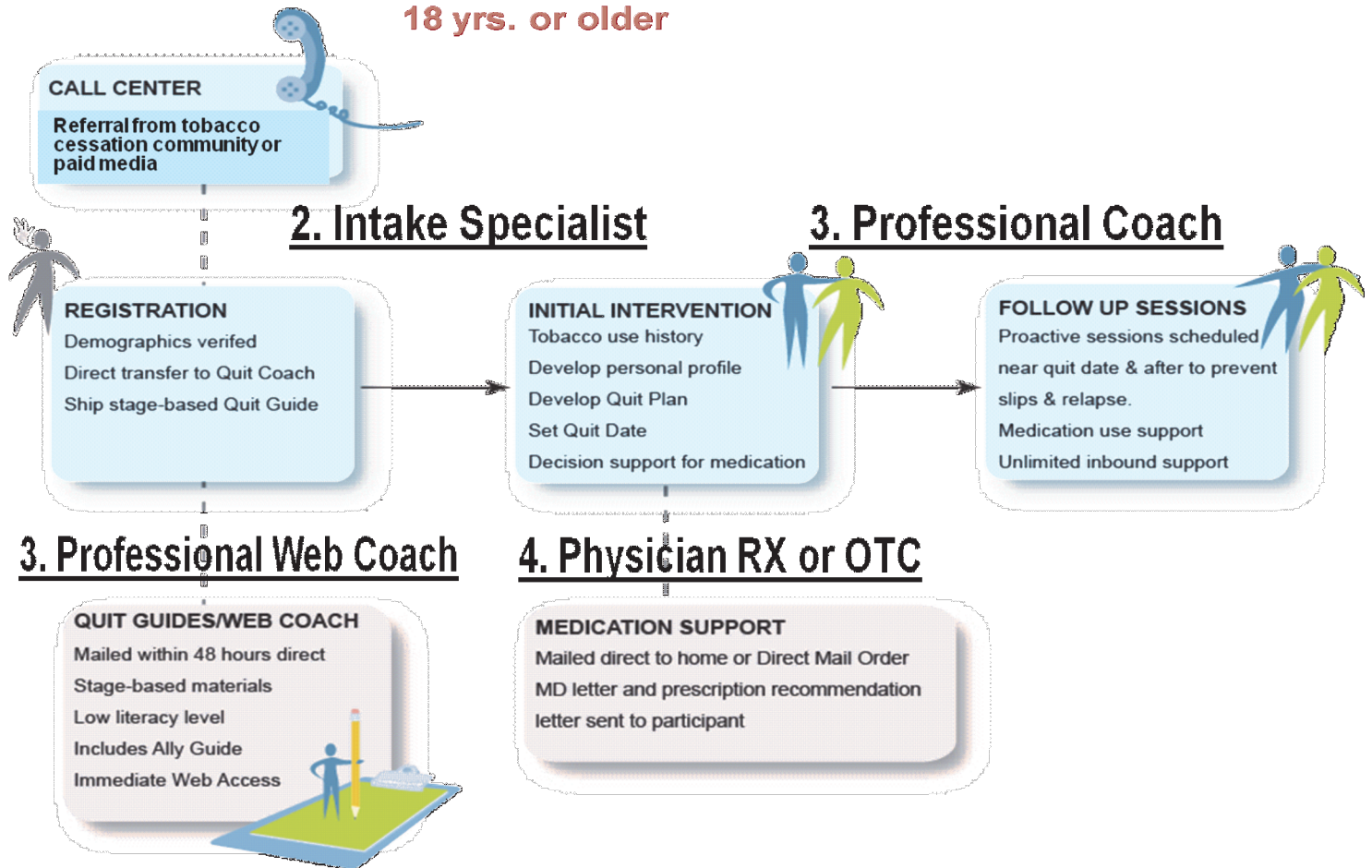
Advise—every tobacco user to quit

Refer—to the Quit Line at 1.800.QUIT.NOW

The Participant Experience with QuitLine

1. Fax Referral or Person Calls

18 yrs. or older



Preferred Provider = Multiple Benefits

The QUIT NOW Referral Network was developed by the Indiana Tobacco Prevention & Cessation (ITPC) to assist health care providers with providing proven, professional resources to help their patients kick their addiction to tobacco.

The Multiple Benefits:

1. Platform to help patients quit smoking.
2. Access to professional evidence-based resources.
3. Receive tobacco cessation services and materials.
4. Unlimited QUIT NOW fax referring privileges.
5. Promotional and educational materials.
6. Data on participating fax referred patients.
7. Pharmacotherapy chart with insurance reimbursement codes.
8. Direct access to ITPC cessation specialists.
9. ITPC support every step of the way.

It's CONVENIENT


It's FREE

It's EFFECTIVE

Join the Preferred Provider Network

Go to www.in.gov/quitline/files/QL_PrefProvEnrollForm_FIN.pdf and complete the Preferred Provider Enrollment Form.

QUIT NOW Referral Network
Preferred Provider
Enrollment Form


1-800-QUIT NOW
Indiana's Tobacco Quitline

FAX 317.234.1786
www.indianatobaccoquitline.net


The QUIT NOW Referral Network was developed by Indiana Tobacco Prevention and Cessation (ITPC) to assist health care providers with providing proven, professional resources to help patients kick their addiction to tobacco. As a Preferred Provider with the QUIT NOW Referral Network, you will receive exclusive tobacco cessation services.

QUIT NOW Fax Referral Forms to directly refer patients to the Indiana Tobacco Quitline, which offers specially trained Quit Coaches® to develop individualized quit plans for people who are ready to quit.

The QUIT NOW Referral Toolkit includes:

- QUIT NOW Fax Referral Forms

Indiana Tobacco Quitline
CLINIC FAX REFERRAL FORM
FAX 1.800.483.3114


1-800-QUIT NOW
Indiana's Tobacco Quitline

Patient ID# _____

Clinic _____

Date Fax Sent: ____/____/____

PROVIDER INFORMATION

Clinic Name: _____

Health Care Provider: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

I am HIPAA-Covered Entity (check one) ☐ Yes ☐ No ☐ I Don't Know

Fax (____) _____ Phone (____) _____ email: _____

Indiana Health Care Organizations/Systems are Encouraged to Join the Preferred Provider Network. Diabetes Educators, Physicians, Dietitians, Nurses, Respiratory Therapists, Etc. Can Sign-Up to Join the Network on Behalf Of Their Organization/System.

Access to a Cessation specialist for one-on-one advice and consultation. • Tobacco Cessation Posters

Please enroll me in the QUIT NOW Referral Network. There is no charge for this service.

Individual Provider's Name: _____

Practice or Organization Name: _____

Type of Practice or Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

County: _____

E-Mail Address: _____

Phone (____) _____ - Fax (____) _____

Please return this form by e-mail or fax the form to 317.234.1786

Partnering together to combat tobacco addiction.

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone# (____) _____ TYPE ☐ Home ☐ Work ☐ Cell ☐ Other

Secondary Phone# (____) _____ TYPE ☐ Home ☐ Work ☐ Cell ☐ Other

Language Preference (check one) ☐ English ☐ Spanish ☐ Other

Tobacco Type (check all that apply) ☐ Cigarettes ☐ Smokeless Tobacco ☐ Cigar ☐ Pipe

☐ I am ready to quit tobacco and request the Indiana Tobacco Quitline contact me to help me with my quit plan.
(Initial) _____

☐ I do not give my permission to the Indiana Tobacco Quitline to leave a message when contacting me.
(Initial) _____

Patient Signature: _____

The Indiana Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you.
Weekend may be made at times frame.
____pm ☐ 6pm-9pm

received. If received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

All Preferred Provider materials are "FREE" and can be ordered at:
www.indianatobaccoquitline.net

Points to Remember

CHALLENGES: Patients Using Tobacco Products

- Most individuals (90%) are nicotine dependent.
- Most patient physician visits are not made to seek help in stopping their tobacco use.
- Most want to quit.
- However, most are willing to talk about it.

It is important for individuals with diabetes or individuals who are considered at high-risk for developing diabetes in the future to understand that using tobacco products puts them at higher risk of aggravated diabetes conditions, developing additional chronic health problems, and shortening their life span. It is common for tobacco users with diabetes or smokers who are considered at high-risk for developing diabetes to experience increased vision and dental problems, kidney malfunction, and circulation difficulty that may lead to amputations of their toes or feet. **This is why it is vital to stop using any type of tobacco product.**

Please help us by becoming a Preferred Provider. All preferred provider materials are FREE and can be ordered at www.indianatobaccoquitline.net.

Reference: Public Health Service Guidelines for the Management of Treating Tobacco Use Dependency.



Fax Referral is the cornerstone of diverse cessation success.